



## Provider Communication

<b>Subject:</b> Pharmacy: March 15, 2010 Update	<b>Priority:</b> <b>High</b>
<b>Date:</b> March 15, 2010	<b>Message ID:</b> ACSBNR03152010_1

***Dear Pharmacy Provider:***

### **System Downtime:**

The SXC claims processing system will be unavailable due to planned maintenance on Thursday, March 18<sup>th</sup>, between 2:30-5:30 a.m. EST. Claims needing to be submitted during these periods should be held until the maintenance is completed. Georgia Medicaid apologizes for any inconvenience this downtime may cause.

### **Coverage Changes In Duragesic – Effective 04/01/2010**

Starting April 1<sup>st</sup>, 2010, brand name Duragesic Patches will no longer be preferred for Georgia Medicaid Fee-for-Service (FFS) Members. Instead, the generic Fentanyl Patches will become preferred agents for GA Medicaid FFS Members. Prior Authorization (PA) requests should be directed to the SXC Clinical Call Center at 1-866-525-5827.

### **Pharmacy Prior Authorization Denial Letters Error**

The Georgia Department of Community Health would like to notify prescribers of an SXC system error that occurred which appeared in certain Prior Authorization Denial Letters between the dates of 1/28/10 and 2/3/10. The affected letters, which were faxed or mailed to prescribers, displayed multiple denial reasons that may not have been related to the actual reason for denial of the prior authorized drug. Revised denial letters with the appropriate denial reason(s) were resent via fax between 02/16/10 and 02/20/10. The SXC Clinical Call Center apologizes for any confusion this may have caused and can be reached at 1-866-525-5827, should there be further questions related to the denial or questions regarding the status of a prior authorized drug.

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Please share all of this information with appropriate staff. If you are the corporate office of a chain pharmacy, please provide this information to each of your stores located in Georgia. We thank you for your continued service and participation in the Georgia Medicaid & PeachCare for Kids Programs.

Division of Medical Assistance  
Pharmacy Services Unit  
404-656-4044